

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Art Unit: 2618
Jeffrey M. Zachan *et al.* Examiner: Yun, Eugene
Application No.: 10/806,619 Confirmation No.: 2616
Filing Date: March 23, 2004
For: **SYSTEM FOR GENERATING AMPLITUDE MATCHED 45 DEGREE PHASE SEPARATED LOCAL OSCILLATOR SIGNALS**

TRANSMITTAL LETTER

Mail Stop: RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Smith Frohwein Tempel Greenlee Blaha LLC
Customer Number 35856

Sir:

Transmitted herewith is/are the following in the above-identified application:

- | | | | |
|-------------------------------------|----------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Response (attached) | <input type="checkbox"/> | Petition to Extend Time |
| <input checked="" type="checkbox"/> | Fee as calculated below | <input type="checkbox"/> | Supplemental Declaration |
| <input type="checkbox"/> | No Additional Fee Required | <input type="checkbox"/> | Terminal Disclaimer |
| <input type="checkbox"/> | Corrected Drawings | <input checked="" type="checkbox"/> | Other <u>R.C.E.</u> under 37 CFR 1.114 |

CLAIMS AS AMENDED					
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	31	31	0	X \$50.00	\$0.00
Independent Claims	4	4	0	X \$200.00	\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim			+ \$360.00		\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -					-\$0.00
TOTAL FEE DUE					\$810.00

Payment:

- A check in the amount of \$_____ is enclosed.
- Payment by credit card in the amount of \$810.00 for the fees designated below. (Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- The Commissioner is authorized to charge our Deposit Account No. _____ in the amount of \$____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 50-3479 as required to correct the error.

Smith Frohwein Tempel Greenlee Blaha LLC

/Robert A. Blaha/
Robert A. Blaha
Registration No. 43,502

Smith Frohwein Tempel Greenlee Blaha LLC
Customer Number 35856
(404) 815-9300 (office)
(770) 804-0900 (fax)

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being electronically transmitted via EFS-WEB to the USPTO addressed to: Commissioner for Patents, Mail Stop: Amendment, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.

/Robert A. Blaha/
Robert A. Blaha

January 14, 2008
Date